



Filing Period Beginning: Ending: Due Date	Account No.	SSN or FEIN
	Location Address	
<p> Returns must be postmarked by the due date to avoid the assessment of penalty and interest. Returns must be filed even if no tax is due. </p> <p> Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 14 and mail to: </p> <p> Tennessee Department of Revenue Andrew Jackson State Office Bldg. 500 Deaderick Street Nashville, TN 37242 </p> <p> For assistance, you may call in-state toll free 1-800-342-1003 or (615) 253-0600. </p>		
MINDERS Carefully when completing this return. on and schedules. schedules to appropriate lines. urn in the signature box on the back of this return.		If this is an AMENDED RETURN, } please check the box at right <input type="checkbox"/>

1. Beginning inventory. (Bring forward from Line 8 of last return)	_____
2. Gallons of fuel received during the year, both tax paid and nontaxable. (Schedule "A")	_____
3. TOTAL INVENTORY AND RECEIPTS (Add lines 1 and 2)	_____
4. Gallons of fuel purchased tax paid at time of purchase. (Schedule "B")	_____
5. Gallons of fuel delivered into licensed vehicles from nontaxable source. (Schedule "B")	_____
6. Gallons of fuel used for all purposes other than in a licensed vehicle. (Schedule "C")	_____
7. Adjustments (If loss is excessive, a written explanation should accompany this return)	_____
8. ENDING INVENTORY. (Carry forward to Line 1 of NEXT RETURN)	
NOTE: Do not record a negative figure on this line	_____
9. TOTAL OF LINES 4 THROUGH 8	_____
10. Tax Due - Multiply Line 5 by ϕ	_____
11. Less credits: Enter outstanding credit amount from previous Department of Revenue notice(s)	_____
12. Penalty <small>(If filed LATE, compute penalty at 5% of the tax (Line 10 minus Line 11) for each 1 to 30 DAY PERIOD or portion thereof for which TAX IS DELINQUENT (Total penalty NOT TO EXCEED 25%.) Minimum penalty is \$15 regardless of the amount of tax due or whether there is any tax due.</small>	_____
13. Interest (Line 10 minus Line 11 multiplied by _____ % per annum on taxes unpaid by the due date)	_____
14. TOTAL REMITTANCE AMOUNT (Total of lines 10, 12, and 13; subtract Line 11 if applicable)	_____

**SCHEDULE A
RECEIPT OF DIESEL FUEL**

NAME OF SUPPLIER	ADDRESS OF SUPPLIER	TYPE OF FUEL RECEIVED	DATE RECEIVED	GALLONS
TOTAL GALLONS (to line 2 of return)				

**SCHEDULE B
DIESEL FUEL PUT INTO TANK OF VEHICLE(S) LICENSED TO USE PUBLIC HIGHWAYS**

This schedule should include all vehicles (excluding gasoline) licensed to use Tennessee highways. The two columns to the right on the schedule are used to record total fuel tax-paid or tax-due, placed into individual vehicles. The total of these columns should be brought forward to line 4 and 5 respectively.

VEHICLE LICENSE #	MAKE OF VEHICLE	TYPE OF FUEL	ODOMETER READING		MILES TRAVELED	GALLONS OF FUEL PLACED IN VEHICLE	
			FIRST OF YR.	LAST OF YR.		PURCHASED TAX-PAID	PURCHASED TAX DUE
TOTAL GALLONS							
						(To Line 4 of return)	(To Line 5 of return)

**SCHEDULE C
DIESEL FUEL USED FOR ALL PURPOSES OTHER THAN IN A LICENSED VEHICLE**

TYPE OF FUEL	FOR WHAT PURPOSE USED	GALLONS
TOTAL GALLONS (to line 6 of return)		

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's Signature

Date

Title

Tax Preparer Signature

Date

Telephone

Preparer's Address

City

State

ZIP